

**BOARD OF BARBERING AND COSMETOLOGY****P.O. BOX 944226****SACRAMENTO, CA 94244-2260****INFORMATION: (916) 574-7570****www.barbercosmo.ca.gov****INSTRUCTIONS FOR OUT-OF-STATE/OUT-OF-COUNTRY APPLICANTS****PLEASE ALLOW 6-8 WEEKS FOR THE INITIAL EVALUATION.**

ALL applicants must qualify for, take, and pass the California licensing exam, consisting of a written and a practical portion, before a license can be issued. The Board has established minimum qualifications (required by Title 16, California Code of Regulations Section 910) that all applicants must meet in order to sit for the exam.

An application for examination, the appropriate fee, and all required documents verifying your education and/or training must be submitted in order to determine your qualifications. The required documents are outlined below.

CAREFULLY READ AND FOLLOW THE INSTRUCTIONS GIVEN ON EACH APPLICABLE FORM.

***1. If you have ever held a license from another state, you must submit the following items:***

- a. Application for Examination (Question #13 MUST be completed).
- b. Applicable application Fee (see Application for Examination for the fee schedule)
- c. License Certification for Examination (Form A)

**Note:** Form A must be sent to the board of the state in which you were licensed. If you are licensed in more than one state, you may elect to submit certification request to the state(s) of your choice. Some states charge a fee to certify your license, and you are responsible for the incurred expense. A state board processing your Form A will send the certification directly to this Board. Should Form A arrive to the Board before your other documents, it will be kept on file.

- d. Affidavit of Experience (Form C), if applicable

**Note:** In order for the Board to consider granting credit on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., employer, peer, or client other than a family member).

***2. If you only obtained training from another state, you must submit the following items:***

- a. Application for Examination
- b. Application Fee (see Application for Examination for fee schedule)
- c. Out-of-State School Training Record (Form B)

**Note:** Should your school be closed, the records have likely been transferred to a state agency. In that instance, the state agency may complete Form B.

**3. *If you obtained training and/or licensure outside of the United States, you must submit the following items:***

- a. Application for Examination
- b. Application Fee (see Application for Examination for fee schedule)
- c. Affidavit of Experience (Form C), if applicable

**Note:** In order for the Board to consider granting credit on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., other than a family member).

- e. Form E (Outside Evaluation)

**Note:** Contact one of the evaluation services listed to have your education and/or training evaluated. Request that the evaluation report be sent directly to the Board. Should the evaluation report arrive to the Board before the other documents, it will be kept on file.

If you meet the minimum qualifications, you will be automatically scheduled for the exam as soon as possible. You will receive written notification regarding time, date, and location of your exam. **IT IS YOUR RESPONSIBILITY TO PROVIDE YOUR SUPPLIES AND MODEL FOR THE PRACTICAL PORTION OF THE EXAM.**

If you do not meet the minimum qualifications, you will receive a letter detailing the supplemental training required. Simply present the letter to your school. When you complete the required training, request that the school mail an original Proof of Training, along with a copy of the supplemental training letter, to the Board. When the Board receives all the required documents, you will be scheduled for the exam.

If you have any questions, please contact the Board's Licensing Unit by calling (916) 574-7570 or e-mailing [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov). Please send completed forms and any other written inquiries to the following address:

Board of Barbering and Cosmetology  
P.O. Box 944226  
Sacramento, CA 94244-2260  
ATTN: Out-of-State/Out-of-Country Evaluation Unit





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## OUT-OF-STATE APPLICANT SCHOOL TRAINING RECORD – FORM B

### Instructions to the Applicant:

- Complete this form ***only*** if you did not become licensed in the state in which you received your training.
- Complete the section marked “To Be Completed By Applicant Only”.
- Mail this form to the school you attended. The school must complete the section marked “To Be Completed By School Only”. If the school is closed, the records may have been transferred to a state agency. In that instance, the state agency may complete this section.
- Request the school to return this form to you. Submit it along with your Application for Examination, the appropriate fee, and other applicable documents to the Board.
- Please mail this form with original signature; faxed or photocopies will not be accepted

To Be Completed By Applicant Only (Please type or print legibly in ink)		
Name (First, Middle, Last)		
Address Street and Number		City State Zip Code
Birthdate (mm/dd/yy)	Social Security Number* -- --	Telephone Number ( )
To Be Completed By School Only (Please type or print legibly in ink)		
Name of School		
Address Street and Number		City State Zip Code
School License Number	License Expiration Date	Telephone Number ( )
<b>Student's Training Information</b> 1. Training category (check <u>all applicable</u> boxes): <div style="display: inline-block; vertical-align: top; width: 300px;"> <input type="checkbox"/> Barbering  <input type="checkbox"/> Cosmetology  <input type="checkbox"/> Electrology  <input type="checkbox"/> Esthetics (Skin Care <u>only</u>)  <input type="checkbox"/> Manicuring (Nail Care <u>only</u>)         </div> 2. Total hours completed: _____ 3. Enrollment Date: _____ 4. Completion/Withdrawal Date: _____		
Attach a worksheet if possible that shows the number of hours completed in each subject area as required in Title 16 R&R 910 (a) (2).		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<b>X</b> _____ Authorized Signature for School		_____
_____		Date
Printed Name		Title
* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.		



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**OUT-OF STATE APPLICANT  
AFFIDAVIT OF EXPERIENCE - FORM C**

**Instructions to the Applicant:**

- Provide this form to a disinterested individual who can verify your experience and **have that individual return it to you when completed.** A disinterested individual can be an employer, employee, or client who can attest to your licensed experience. The individual must complete the portion marked "To Be Completed by Disinterested Individual Only." ***Only licensed work experience will be considered.***
- Complete the portion marked "To Be Completed by Applicant Only".
- Submit this form along with your Application for Examination, the appropriate fee, and other applicable documents to the Board. If you send Form C to more than one individual, you must include ***all*** completed forms with your application package. **PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE. FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.**

To Be Completed By Applicant Only (Please type or print legibly in ink)			
Name (First, Middle, Last)			
Address	Street and Number	City	State Zip Code
Birthdate (mm/dd/yy)	Social Security Number* -- --	Telephone Number ( )	
To Be Completed By Disinterested Individual Only (Please type or print legibly in ink)			
Name		Telephone Number ( )	
Address	Street and Number	City	State Zip Code
The applicant listed above has performed the following type of work at the specified location during the time period indicated below:			
Name of Establishment/Business where experience was acquired		Telephone Number ( )	
Address of Establishment/Business		City	State Zip Code
Type of Work (check <b>all</b> applicable boxes)			
<input type="checkbox"/> Cosmetology <input type="checkbox"/> Barbering <input type="checkbox"/> Electrology <input type="checkbox"/> Skin Care <input type="checkbox"/> Nail Care			
Time Period (when experience was acquired)			
From (date): _____ to (date): _____			
<i>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>			
<b>X</b> _____ Signature of Disinterested Individual		_____ Date	
<b>* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS</b> Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.			



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## OUT-OF-COUNTRY APPLICANT OUTSIDE EVALUATION - FORM E

**Instructions to the Applicant:**

- Contact one of the three Board-approved evaluation services listed below at the telephone number indicated.
- Ask the evaluation service for a **general evaluation**.
- Complete the general evaluation application form and send it to the evaluation services with any additional information or fees they request. **Do not send the general evaluation application form or the evaluation fees to the Board.**
- Upon completion of your general evaluation, the evaluation service will send the report directly to the Board and will forward a copy to you for your records.
- Send this form to the Board with your application for examination, appropriate exam fee, and any other required information.

(Please type or print legibly in ink)

Applicant's Full Name (First, Middle, Last)				
Address: Street and Number		City	State	Zip Code
Birthdate (mm/dd/yy)	Social Security Number*	Telephone Number (      )		
Name of Evaluation Service		Telephone Number (      )		
Address: Street and Number		City	State	Zip Code
<p><small>* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS</small></p> <p><small>Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</small></p>				

**BOARD APPROVED EVALUATION SERVICES**

International Education Research  
Foundation, Inc. (IERF)  
P.O. Box 3665  
Culver City, CA 90231-3655  
Telephone: (310) 258-9451  
Fax Number: (310) 342-7086  
Email: info@ierf.org  
Website: www.ierf.org

Span Tran Educational Services, Inc.  
7211 Regency Square Blvd., #205  
Houston, TX 77036  
Telephone: (713) 266-8805  
Website: www.spantran-edu.com

Educational Credential Evaluations  
(ECE)  
P.O. Box 514070  
Milwaukee, WI 53203-3470  
Telephone: (414) 289-3400  
Fax Number: (414) 289-3411  
Email: eval@ece.org  
Website: www.ece.org

**The general evaluation application form can be downloaded from any of the above websites.**